

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Tigerhugz DEN
BUSINESS STREET ADDRESS: 13951 SW 24 ST DAVIE FL ZIP 33325
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: (954) 382-0432
DESCRIBE TYPE OF BUSINESS: Internet Sales, Dropshipping - Tools
BUSINESS IS: Corporation _____ Sole Proprietor ☒ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Victor J Szabados</u>	<u>13951 SW 24 ST</u>	<u>DAVIE 33325</u>	<u>(954) 382-6173</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Victor J Szabados
Print Owner or Officers Name and Title

Victor J Szabados
Signature of Owner or Officer

Office Use Only: Date <u>9/3/02</u>		Category <u>15950</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>57.88</u>	Rec# _____	New _____	Trans _____
License # <u>02-17243</u>		Control # <u>14285</u>		Zoning <u>R-1</u>			
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval <u>Pat</u>		Date <u>9/9/02</u>			
Town Council Date _____		Approved _____		Denied _____			
Tabled To _____		Approved _____		Denied _____			
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____							